TCP\$ #4109					
Drainage \$ PLANNING CI	_EARANCE Bldg Permit #				
SIF\$ (Multifamily & Nonresidential Ren					
Inspection \$ Public Works & Planning Department					
Building Address 707 Hokizon De	Multifamily Only: No. of Existing Units No. Proposed				
Parcel No. <u>2701-363-27-007</u>	Sq. Ft. of Existing Sq. Ft. Proposed				
Subdivision Applebec's					
Lot 3. Apple BER'S Sultivision, Sec. 345 - 1-NoINSq. Ft. of Lot / Parcel					
OWNER INFORMATION:	Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed)				
Name 207 on the Horizon, LLC Address <u>2459</u> Pratterson - Ste 210 City/State/Zip Conand Jul- (0.	DESCRIPTION OF WORK & INTENDED USE: Provide Change of Use (*Specify uses below) Addition Change of Business Other:				
APPLICANT INFORMATION:	* FOR CHANGE OF USE:				
Name Perspectives MAZ. SVCG. LLC.	*Existing Use: <u>Restaurant</u>				
Address 424 MARIANNE DR.	ress <u>124 MARIANNE DE.</u> *Proposed Use: <u>Restaurent</u> the dear				
City/State/Zip Conond Jul. 81504	Estimated Remodeling Cost \$ 35,000. 7,500				
Telephone <u>970-985-6509</u>	Current Fair Market Value of Structure \$ <u>331, 600, 0</u> 7				
/ REQUIRED: One plot plan, on 8 1/2" x 11" paper, showing all existing & proposed structure location(s), parking, setbacks to all property lines, ingress/egress to the property, driveway location & width & all easements & rights-of-way which abut the parcel.					
	LETED BY PLANNING STAFF				
ZONE <u>C-1</u>	Maximum coverage of lot by structures				
SETBACKS: Front from property line (PL)	Landscaping/Screening Required: YESNO				
Side from PL Rear from PL	Parking Requirement				
Maximum Height of Structure(s)	Floodplain Certificate Required: YES NO				
Voting District Ingress / Egress Location Approval	Special Conditions: approved per plan				
Modifications to this Planning Clearance must be approved, in writing, by the Public Works & Planning Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued, if applicable, by the Building Department.					
I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include put not necessarily be imited to non-use of the building(s).					
Applicant Signature Allen Man MAD. Date 5/11/10 Planning Approval Dayleen Herderson Date 5-11-10					
Planning Approval Jäyleen Henderson	Date <u>5-11-10</u>				

Additional water and/or sewer tap fee(s) are required:	YES	NQ	W/O Noo	mollil ont
Utility Accounting	Sec 2	Date	5	11-10
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE	(Section 2.2	2.C.4 Grand	d Junction Zoni	ing & Development Code)

 VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.4 Grand Junction Zoning & Development Code)

 (White: Planning)
 (Yellow: Customer)
 (Pink: Building Department)
 (Goldenrod: Utility Accounting)